


# EXHIBIT A

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH PURSUANT TO THE CAMP LEJEUNE JUSTICE ACT</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions and supply information requested on this form. Use additional sheet(s) if necessary.		FORM APPROVED BELL 2022	
1. Submit to Appropriate Federal Agency:  <b>Office of the Judge Advocate General Claims and Tort Litigation 1322 Patterson Avenue, SE, Suite 3000 Washington Navy Yard, DC 20374</b>			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  <b>Michael Sean Partain</b>  c/o <b>Bell Legal Group</b> 219 Ridge Street, Georgetown, Sc 29440 (843) 546-2408		
3. WHICH APPLIES TO CLAIMANT:  Military	4. CLAIMANT DATE OF BIRTH:  1/30/1968	5. DATE OF DEATH (IF APPLICABLE):	6. DATE OF EXPOSURE:  Injured Individual lived or worked at Camp Lejeune for at least 30 days between August 1, 1953 to December 31, 1987.		
<b>7. BASIS OF CLAIM:</b>  Injured Individual qualifies for relief from harms caused by, associated with, or linked to exposure to contaminated water at Camp Lejeune as a result of living/working at Camp Lejeune for at least 30 days between August 1, 1953 to December 31, 1987.  Alternatively, Injured Individual qualifies for relief because exposure to the contaminated water at Camp Lejeune during the 30+ days Individual lived/worked on Camp Lejeune during the time frame of August 1, 1953 to December 31, 1987 increased the likelihood of such an injury or diagnosis.					
<b>8. MEDICAL DIAGNOSIS/ PERSONAL INJURY/ WRONGFUL DEATH</b>  STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Male Breast Cancer, Autoimmune Disorder - Medical Monitoring  Claimant suffers or suffered with stated illness/disease/disorder/disability which is believed to be caused by exposure to contaminants via air, water, and/or soil while at Camp Lejeune Marine Corps Base for 30 days or more. Claimant has suffered and continues to endure pain, suffering, inconvenience, disability, mental anguish, emotional distress, including but not limited to fear of loss, injury, or illness, and need for medical monitoring. Additionally, claimant's damages include, but not limited to, loss of quality of life, loss of income, loss of future income, loss of consortium. In the case of death, claimant asserts all wrongful death damages.					
<b>9. AMOUNT OF CLAIM (in dollars)</b>					
	9a. PERSONAL INJURY  <b>\$25,000,000.00</b>	9b. WRONGFUL DEATH  <b>\$25,000,000.00</b>	9c. TOTAL (Failure to specify may cause forfeiture of your rights).  <b>\$50,000,000.00</b>		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
10. SIGNATURE OF CLAIMANT or REPRESENTATIVE/POWER OF ATTORNEY  		11. PHONE NUMBER OF PERSON SIGNING FORM  <b>843-546-2408</b>		14. DATE OF SIGNATURE  <b>08/10/2022</b>	



## BELL LEGAL GROUP, LLC

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### AUTHORITY TO FILE AN ADMINISTRATIVE CLAIM AND/OR OPEN AN ESTATE

The undersigned hereby grants **Bell Legal Group** full authority to file an administrative claim arising from his/her exposure at Camp Lejeune. This includes but is not limited to filing a Standard Form 95<sup>1</sup>.

If the claimant is deceased or is under conservatorship/power of attorney, the undersigned hereby grants Bell Legal Group full authority to take all necessary actions for the purposes of prosecuting any and all claims against the Government under *The Camp Lejeune Justice Act*.<sup>2</sup>

It is understood that if the undersigned changes residences, addresses and/or contact information, that he/she will notify Bell Legal Group or else all such attorneys or firms shall be absolved from further prosecution of his/her case.

Michael Partain  
Name (Printed)

  
Michael Partain (May 17, 2022 23:37 EDT)  
Name (Signature)

17th day of May, 2022  
Date

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<sup>1</sup> A Standard Form 95 is used to present claims against the United States under the Federal Tort Claims Act (FTCA) for property damage, personal injury, or death.

<sup>2</sup> If you meet the requirements to file a claim under The Camp Lejeune Justice Act, then you may also be qualified to file a claim in the United States District Court.